

HOUSEHOLD SIZE—INCOME STATEMENT

Child and Adult Care Food Program

An adult household member must complete this form and return it to the center.

First and Last Name(s) of Enrolled Child(ren)	Center
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PART 1: BENEFITS

If any member of your household currently receives FoodShare Wisconsin, Wisconsin Works Cash Benefits, and/or FDIPIR (Food Distribution Program on Indian Reservations), check the box for the benefit currently received and provide the case number. Complete PART 3 and return it to the center's office. Do not complete PART 2. If no one receives these benefits, go to PART 2.

FoodShare Wisconsin (10 or 16 digit #)
 Wisconsin Works Cash Benefits (10 digit #)
 FDIPIR (9 digit #)

Case Number/Quest Card Number: _____

If only receiving W-2 Child Care Assistance, do not provide a case number; you must complete Part 2 of this form for eligibility determination.

PART 2: TOTAL HOUSEHOLD SIZE AND INCOME

- 1) List full names of all household members, including yourself and all children. (Ages are optional.)
- 2) List all gross income (before deductions or taxes, social security, etc) on the same line as the person who receives it. Self-employed household members should report net income. Check the box for how often it is received. Record each income only once. If you provided a case number in Part 1, you do not need to complete this part (Part 2).

1) List full names of all household members below	Age	Check if Foster Child	Gross income from work	2) List gross income and how often it is received				Welfare Payments, Child Support, and/or Alimony	Pensions, Retirement, Social Security, SSI, VA benefits				All Other Income Received Last Month (indicate frequency)	Check if no income	
				Weekly	Every 2 Weeks	Twice per Month	Monthly		Annually	Weekly	Every 2 Weeks	Twice per Month			Monthly
		<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	/	<input type="checkbox"/>
		<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	/	<input type="checkbox"/>
		<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	/	<input type="checkbox"/>
		<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	/	<input type="checkbox"/>
		<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	/	<input type="checkbox"/>
		<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	/	<input type="checkbox"/>

PART 3: ALL HOUSEHOLDS

ETHNICITY AND RACE DATA COLLECTION – Completion is optional

This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. Please answer both questions.

IS YOUR CHILD(REN) HISPANIC OR LATINO? Yes, Hispanic or Latino No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):

- American Indian or Alaska Native
 Black or African American
 White
 Asian
 Native Hawaiian or Other Pacific Islander

ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#)

If Part 2 is completed, the adult signing the form must list the last four digits of his/her SS# or check "None" if you do not have a SS#.

I CERTIFY that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on this form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult Household Member	Signature Date Mo./Day/Yr.	Last 4 digits of SS# (or check "None" if you do not have a SS#) ***.**_ _ _ _ <input type="checkbox"/> None
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FOR CENTER USE ONLY – All 3 sections and the Effective Month of Determination must be completed

Section 1: Basis of Determining Eligibility (A or B)		Section 2: Eligibility Determination	Section 3: Determining Official's Initials & Approval Date
A. Household Size & Income Total Household Size _____ * Total Income \$ _____ / _____ <small>(\$ Amount) (Time Period)</small>	B. Benefits/Foster <input type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Cash Benefits <input type="checkbox"/> FDIPIR <input type="checkbox"/> Foster Child(ren)	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy	_____ **Effective Month of Determination _____ Month/Year

*Use the following conversion factors to determine yearly income only when multiple pay frequencies are reported:
 Weekly income x 52 = Yearly Income; Every 2 weeks Income x 26 = Yearly Income; Twice a month Income x 24 = Yearly Income; Monthly Income x 12 = Yearly Income.

**This form expires one year from the Effective Month of Determination.

Dear Parent or Guardian:

Is enrolled in the CACFP, a USDA program which

(Name of Agency)

provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. In order to continue providing a quality meal service without additional charge, every family of our enrolled children must complete new Household Size-Income Statement forms (HSIS) each year.

Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files.

You are not required to complete and return this HSIS if your household income is higher than the amount indicated for your household size within the table below and no one in your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP) (FoodShare Wisconsin), FDPIR (Food Distribution Program on Indian Reservations), or W-2 Cash Benefits (paid placement programs, and not child care subsidy). In this case, however, we would appreciate you return the HSIS form to us with "N/A" written on it along with your signature and date.

Determining Eligibility based on Participation in Benefits Programs:

Our center receives the highest reimbursement rate for children in households receiving FoodShare Wisconsin, FDPIR benefits, or W-2 Cash Benefits (paid placement programs and not child care subsidy).

For determining eligibility based on your household's receipt of any of these benefits, you must include the following information on the HSIS (a-c):

- (a) The names of your enrolled children;
- (b) The signature of an adult member of the household and signature date; and
- (c) The appropriate case number for FoodShare Wisconsin, FDPIR, or W-2 Cash Benefits.

W-2 Cash Benefits are paid placement programs that do not include Wisconsin Shares Child Care (W-2 Child Care Assistance), W-2 paid placement programs include Community Service Job (CSJ), Caretaker of an Infant (CMC), W-2 Transition (W-2 T) and At Risk Pregnancy (ARP). DO NOT provide case numbers for Medicaid, SSI, or if you only receive W-2 Child Care Assistance; receipt of these benefits does not qualify your household at the higher reimbursement rates.

Determining Eligibility by Household Size and Income:

Household-Size Income Scale (Effective July 1, 2016 to June 30, 2017)

Household Size	Annual Income Level (at or below)
1	\$21,978
2	\$29,637
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,931
8	\$75,590
For each additional Household Member, add:	+\$7,696

If your household earns a total income that is less than or equal to the income levels listed within this table, our center receives higher reimbursement rates for your enrolled children.

For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-d):

- (a) Names of all household members including children, parents or other persons who live with you in the same household;
- (b) Household income received by each household member identified by source of income and how often each source is received;
- (c) The signature of an adult member of the household and signature date; and
- (d) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

Foster children: our center receives the highest reimbursement rate for foster children. If you have a foster child(ren), you must either complete a separate HSIS for the foster child(ren) or include the foster child(ren) as a household member(s) on the same HSIS that includes the rest of your household, with your non-foster children. When including foster children on your HSIS completed for your non-foster children, only report your foster child's income specifically identified for his/her personal use that is received from a welfare agency and/or in-hand from any source.

Children Enrolled In Head Start: our center receives the highest reimbursement rate for children enrolled in Head Start. In order to do so, we need to obtain the Head Start administering agency's written certification of the child's Head Start enrollment along with her/his Head Start eligibility period. Simply noting that your child is enrolled in Head Start on your submitted HSIS form is not sufficient for qualifying him/her at the highest reimbursement rate. The written Head Start certification only qualifies the child enrolled in Head Start and not siblings or other children residing in the household.

Use of Information Statement: Unless you provide a SNAP, FDPIR, or W-2 Cash Benefits case number, you are applying for a foster child, or submit written certification of your child's Head Start enrollment from the Head Start administering agency, the Richard B. Russell National School Lunch Act requires that the adult household member signing the HSIS report the last four digits of his/her social security number on the HSIS. If the adult household member signing the HSIS does not possess a social security number, he/she must indicate so on the HSIS. It is not mandatory to provide the last four digits of the social security number, but if it is not provided or an indication is not made that the adult household member signing the HSIS does not have one, the HSIS cannot be approved for the higher reimbursement rate. The last four digits of the social security number may be used to verify the correctness of information reported on the HSIS for ensuring proper administration and enforcement of the Child Nutrition Programs.

Sharing Eligibility Information: Children's eligibility information may be shared with other State agencies and other Child Nutrition programs. In accordance with disclosure protection requirements, without prior notification. If your children are eligible for the higher reimbursement rates, they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (BadgerCare). Because health insurance is so important to children's well-being, the law allows us to share your children's eligibility information with Medicaid and BadgerCare, unless you tell us not to. Medicaid and BadgerCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. (Filling out the HSIS does not automatically enroll your children in health insurance.) If you do not want us to share your information with Medicaid or BadgerCare, please notify us in writing. (This notification will not change whether your children's meals are eligible for meal reimbursement.)

Your eligibility information provided on the HSIS may be shared with auditors for program reviews and law enforcement officials for investigating violations of program rules.



 Signature of Sponsor Representative

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: http://www.asc.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 692-6592. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7444; or (3) Email: program.intake@usda.gov. This institution is an equal opportunity provider.